

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

02737

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 191

## 1. PLACE OF DEATH:

County Harford  
 City or town Elliot City Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford  
 City or town Elliot City Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. St Johns Road  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

James G Bode  
 4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Ella A M Bode8.(c) If alive, give age 58 years7. Birth date of deceased (mo., day, yr.) Feb. 12, 1888

8. AGE: Years 58 Months 1 Days 15 If less than one day  
 ..... hrs. .... min.

9. Birthplace Baltimore Md.  
(Town, county, and state)10. Usual occupation Draftsman

11. Industry or business

12. Name Elva Bode13. Birthplace Md.14. Maiden name unknown15. Birthplace Id16. Informant Mrs. Ella BodeAddress Elliot City Md.17. Burial Date thereof 3-30-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Candon ParkLocation Baltimore Md.18. Funeral director J C ReimannAddress Elliot City Md.19. March 29, 1946 John B. Loughran  
(Date rec'd by registrar) (Signature) Registrar

## 3. (b) Social Security Number

220-09-8408

## MEDICAL CERTIFICATION

2D. DATE OF DEATH March 27 19 46 at 6 <sup>45</sup> P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Sept 28 19 42 to 3/27 19 46  
 and that I last saw him alive on 3/27 19 46

Immediate cause of death

Hypertensive Cardiovascular Disease

DURATION

4 years

Due to

Due to

Other conditions Left hemiplegia4 months

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

George E. Bunting  
Elliot City, Md. M. D. or other  
 Address..... Date signed 3/29/46

RECEIVED  
APR 2 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

## CERTIFICATE OF DEATH

02738

Reg. Dist. No. 191

## 1. PLACE OF DEATH:

County HowardCity or town Ellicott City  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Chas Dorsey7. Birth date of deceased (mo., day, yr.) 18778. AGE: Years 69 Months ? Days ? If less than one day hrs. min.9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name Matthew Conter13. Birthplace md14. Maiden name unknown15. Birthplace "16. Informant Charles DorseyAddress Ellicott City md17. Burial Date thereof 3-20-46  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Laurel ChapelLocation Atholton, Md.18. Funeral director F.P. Nig. AtholtonAddress Ellicott City md19. March 19, 1946 John B. Loughman  
(Date rec'd by registrar) (Signature) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City  
(If outside city or town limits, write RURAL and give nearest town)Street No. Columbia Road  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1946 at 2:15 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1945 to 3/18/46 and that I last saw him alive on 3/12/46Immediate cause of death Arteriosclerotic Cardiovascular Disease

Due to

Due to

Other conditions none

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Bampton M.D. or otherAddress Ellicott City md Date signed 3/18/46

DURATION

2 years

RECEIVED

MAR 21 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

02739

## CERTIFICATE OF DEATH

Reg. Dist. No. 193

## 1. PLACE OF DEATH:

County

City or town

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Ward No.

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof March 14 - 1946

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1946, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 11 1946 to Mar 11 1946

and that I last saw him alive on March 11 1946

Immediate cause of death Right-Lobes

Pneumonia

DURATION

4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

## PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Kernan H. O'Keefe

M. D. or other

Address

Laytonsville Md

Date signed Mar 14/46

RECEIVED  
MAR 16 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

02740

## CERTIFICATE OF DEATH

Reg. Dist. No. 193

<b>1. PLACE OF DEATH:</b> County..... Howard City or town..... near Cooksville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... 8 years Hospital, institution, or street address where death occurred: How long in hospital or institution?.....				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... Maryland County..... Howard City or town..... Near-Cooksville (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name War.....											
<b>3. (a) FULL NAME</b> Mary Eleanor Hutchins						<b>3. (b) Social Security Number</b>									
<b>4. Sex</b> Female		<b>5. Color or race</b> White		<b>6. (a) Single, married, widowed, or divorced</b> Widowed											
<b>6. (b) Name of husband or wife</b> Henry S. Hutchins deceased						<b>6. (c) If alive, give age</b> ..... years									
<b>7. Birth date of deceased (mo., day, yr.)</b> March 20, 1866		<b>8. AGE:</b> <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td>79</td> <td>11</td> <td>28</td> <td>..... hrs. .... min.</td> </tr> </table>						Years	Months	Days	If less than one day	79	11	28	..... hrs. .... min.
Years	Months	Days	If less than one day												
79	11	28	..... hrs. .... min.												
<b>9. Birthplace</b> Hartford Co. Maryland (Town, county, and state)		<b>10. Usual occupation</b> None													
<b>11. Industry or business</b> Albin Owings		<b>12. Name</b> Maryland													
<b>13. Birthplace</b> Margery Plummer		<b>14. Maiden name</b> Maryland													
<b>15. Birthplace</b> Mrs. Herbert Musgrove		<b>16. Informant</b> Address..... Cooksville, Maryland													
<b>17. (Burial, cremation, or removal. Which?)</b> Burial		Date thereof..... 3-21-46 (month) (day) (year) Cemetery or crematory..... Presbyterian Location..... Lisbon, Howard Co. Maryland C. M. Waltz													
<b>18. Funeral director</b> Address..... Winfield, Md.		<b>19. (Date rec'd by registrar)</b> March 21, 1946													
<b>20. DATE OF DEATH</b> March 18, 1946 at 11 A.M.															
<b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from Feb 1945 to Mar 18, 1946 and that I last saw her alive on March 17, 1946															
<b>Immediate cause of death</b> Circulatory insufficiency						<b>DURATION</b> 5 da									
<b>Due to</b> Chr. Myocarditis						7 yrs.									
<b>Due to</b>						Other conditions									
(Include pregnancy within 8 months of death)															
<b>Major findings of operations</b> none						Date of op.									
<b>Autopsy results</b> none						<b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically.									
<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....															
<b>23. SIGNATURE</b> J. Stanley Grabill M.D. or other Address..... Mt Airy, Md. Date signed..... 3/19/46															

Registrar



INVESTIGATIVE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
MAR 22 1946  
BUREAU V.E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 834

02741

## CERTIFICATE OF DEATH

Reg. Dist. No. 193

## 1. PLACE OF DEATH:

County.....Howard

City or town.....Rural - Woodbine  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

## 3. (a) FULL NAME

Alma Rebecca Irvin

## 3. (b) Social Security Number

none

## 4. Sex

F

## 5. Color or race

White

## 6. (a) Single, married, or divorced

married

## 6. (b) Name of husband or wife

Alvin J. Irvin

## 7. Birth date of deceased (mo., day, yr.)

Jan 14 1894

## 6. (c) If alive, give age

56 years

## 8. AGE:

Years

Months

Days

If less than one day

52

2

14

hrs.

min.

## 9. Birthplace

Middletown Fred Co Md  
(Town, county, and state)

## 10. Usual occupation

Housekeeper

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Harlan Keller

## 13. Birthplace

Middletown Md

## 14. Maiden name

Anna M Torson

## 15. Birthplace

Middletown Md

## 16. Informant

Address

Alvin J Irvin  
Woodbine

## 17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

4 1 1946  
(month) (day) (year)

## Cemetery or crematory

Lutheran Cemetery at

## Location

Middletown Md

## 18. Funeral director

Address

Gladhill Co  
Middletown Md

## 19.

4-1-1946  
(Date rec'd by registrar)E. Paul Mercia  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Howard

City or town.....Rural - Woodbine  
(If outside city or town limits, write RURAL and give nearest town)

Street No. none

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1946 at 11 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 28, 1946, to Mar. 30, 1946

and that I last saw her alive on March 30, 1946

Immediate cause of death

Hemiplegia (right)

DURATION

2 da.

Due to

Hypertension

?

Due to

Arterio-sclerosis

?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Stanley Grabill  
M.D., or other

Address

Date signed 3/30/46

RECEIVED  
APR 6 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 488

## CERTIFICATE OF DEATH

02742

Reg. Dist. No. 192.

## 1. PLACE OF DEATH:

County Howard  
 City or town Shenely  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Howard  
 City or town Shenely  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Bertha M. Jackson

## 3. (b) Social Security Number

4. Sex F. 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Millard S. Jackson7. Birth date of deceased (mo., day, yr.) Nov. 19, 18788. AGE: Years 67 Months 3 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Md. (Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James W. Day13. Birthplace Md.14. Maiden name Martha Presley15. Birthplace Md.16. Informant Mr. R.E. JacksonAddress Shenely, Md.17. Burial Date thereof March 8, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. View CemeteryLocation Howard Co., Md.18. Funeral director C. Harry WeaverAddress Lynchville, Md.19. March 7, 46 Alvin H. Reub-

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1946, at 2:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 40 to March 5 46and that I last saw him alive on March 5 46Immediate cause of death CachexiaDURATION 1 yearDue to Carcinoma of uterus 6 years

r metastases

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Charles S. Whitaker, M.D.Address Clarksville, Md. Date signed 3-6-46

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAR 9 1946

RUP

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

★ 02743/95  
Reg. Dist. No.

1. PLACE OF DEATH: Howard  
County.....  
City or town..... Jessup, Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 9 yrs.  
Hospital, institution, or street address where death occurred:  
Balto. - Wash. Blvd.  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... Md. County..... Howard  
City or town..... Jessup, Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Balto. - Wash. Blvd.  
(If rural, give LOCATION)  
2(a) If veteran, name war.....

3. (a) FULL NAME Philip Wm. Jones

3. (b) Social Security Number

4. Sex M 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Henrietta Alta  
6. (c) If alive, give age 55 years  
7. Birth date of deceased (mo., day, yr.) Aug. 29<sup>th</sup>. 1883  
8. AGE: Years 62 Months 7 Days 8 If less than one day  
.....hrs. ....min.

9. Birthplace Delaware  
(Town, county, and state)  
10. Usual occupation Laborer -

11. Industry or business John Jones  
12. Name John Jones  
13. Birthplace Ireland

MOTHER  
14. Maiden name Mary - ?  
15. Birthplace Ireland

16. Informant Mrs. Philip Jones  
Address Jessup, Md. R. 2 D.  
Burial

17. (Burial, cremation, or removal. Which?) Date thereof March 9, 1946  
(month) (day) (year)

Cemetery or crematory Wilmington, Del.  
Location

18. Funeral director Lloyd K. Kaiser  
Address Laurel, Md.

19. 3/6/46. Frank Shipley  
(Date rec'd by registrar) 19 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 6<sup>th</sup> 1946 at 12:00 P.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 27<sup>th</sup> 1946 to March 6<sup>th</sup> 1946  
and that I last saw him alive on March 6<sup>th</sup> 1946  
Immediate cause of death Acute congestive heart failure  
DURATION 2 days.  
Due to Coronary Thrombosis 8 days.  
Due to  
Other conditions  
(Includes pregnancy within 3 months of death)

Major findings of operations. ✓  
Date of op.  
Autopsy results. ✓  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide. Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Frank Shipley M.D.  
Savage, Md. 3/6/46.  
Address Date signed

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

DEATH OF

REPORTED BY

RECEIVED  
MAR 11 1946  
BUREAU V.S.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02744

## 1. PLACE OF DEATH

County Haward Registration Dist. No. 191  
 Village or City Baltimore City No. New Cut Road St. --- Ward ---  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 3 yrs. 6 mos. --- ds. How long in U. S. if of foreign birth? --- yrs. --- mos. --- ds.

2. FULL NAME Carrie Louise WoodIf U. S. Veteran, specify WAR ---

(a) Residence: No. New Cut Road St. --- Ward. 2<sup>nd</sup> District  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>William B. Wood</u>		
6. DATE OF BIRTH (month, day, and year) <u>Apr. 24-1862</u>		
7. AGE <u>83</u>	Years <u>10</u>	Months <u>20</u>
If LESS than 1 day, <u>---</u> hrs. or <u>---</u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>---</u>	
	10. Date deceased last worked at this occupation (month and year) <u>---</u>	
11. Total time (years) spent in this occupation <u>---</u>		

12. BIRTHPLACE (city or town) Baltimore  
 (State or country) Md.

13. NAME E. J. Talbott

14. BIRTHPLACE (city or town) Essexville Co. Md.  
 (State or country)

15. MAIDEN NAME Elyzabeth Brewer

16. BIRTHPLACE (city or town) St. Marys Co. Md.  
 (State or country)

17. INFORMANT Mrs. Claude Spier  
 (Address) New Cut Road

18. BURIAL, CREMATION, OR REMOVAL  
 Place Logansville Date 3/18, 1946

19. UNDERTAKER James A. Shuler  
 (Address) Logansville Md.

20. FILED March 19, 1946 John B. Longman  
Reg. B. G. L. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 16 1946  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1946, to Mar 16, 1946  
 I last saw him alive on Mar 15, 1946; death is said to have occurred on the date stated above, at 5 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage  
Cerebral Sclerosis  
Chr. Hypertension

Other Contributory Cause of importance:

Date of onset

1/1/46  
1940  
1938

Name of operation --- Date of ---

What test confirmed diagnosis? --- Was there an autopsy? ---

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ---, 19---

Where did injury occur? ---

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---

If so, specify ---

(Signed) Paul Brewer M. D.

(Address) 1636 North Ave.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN